

Compliments or Concerns

Remove this panel, complete the back and put in the drop box at admissions or front reception. It will be forwarded to the appropriate person.

Or mail directly to: the Manager Quality Improvement (Regional Client Representative)
Dauphin Community Health
625 3rd St SW Dauphin, MB
R7N 1R7. Your comments will be directed to the appropriate person for review.



Help us deliver the best possible health care.

How to contact us:

PRHA

Regional Corporate Office

Toll-free 1-800-259-7541

or

(204) 638-2118

Or email:

prha@prha.mb.ca

Or log on to our website

www.prha.mb.ca

OFFICE RÉGIONAL DE LA SANTÉ
DES PARCS



Client/Patient Compliments and Concerns



Parkland Regional Health Authority

*Individuals, Families and Communities
achieving the best possible health and
wellness*



We can't improve without feedback!

How was your time with us?

Do you have a concern?

Did someone go above and beyond to help make your time here better?

Do you want to say thank you?

We need your feedback to improve our services and maintain things that are working well!



If you have a concern or compliment...

Please report it immediately to:

- **Your Nurse or care provider**

or

- **CRN (Clinic Resource Nurse)**



- **Program or Facility Manager**



- **Regional Client Representative**

Or complete the attached feedback form.

What do we do with your feedback?

- Compliments are always great. We know we have great staff and want to recognize their hard work and contributions. Your compliment will be forwarded to them along with a note from the CEO or board chair.
- Concerns are reviewed, possible improvements to service recognized and changes made where possible.
- If a concern relates to a service outside of the PRHA it will be forwarded to the appropriate agency

Feedback!

Date: _____

Unit/Floor/Department/Program

Name of Staff: _____

Description of Event/Issue: _____

Please provide us with your contact number so that we can follow up! Leave blank if you prefer to be anonymous.

Name: _____

Phone: _____

Address: _____